MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (77)

CERTIFICATE OF DEATH

06738

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town St Georges Island

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) 80 years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town St Georges Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. —

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR none

3. (a) FULL NAME Henderson Blackwell

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Black	widowed

6 (b) Name of husband or wife Mary Blackwell

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Unknown

8. AGE: Years	Months	Days	If less than one day
about 80	—	—	____ hrs. ____ min.

9. Birthplace Northumberland Co, Virginia (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Sea food

FATHER 12. Name Riley Blackwell

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden name Sylvia Robinson

MOTHER 15. Birthplace Virginia

16. Informant Charles Rich

Address St Georges Island, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3, 1940 (month) (day) (year)

Cemetery or crematory St Georges Island Cemetery

Location St Georges Island, Md

18. Funeral director Jos C Mattingley

Address Leonardtown, Md

19. June 1 1940 (Date rec'd by registrar) [illegible] Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 1A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 25 1940, to June 1 1940, and that I last saw him alive on May 30 1940.

	DURATION
Immediate cause of death Arteriosclerosis	5 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work?

23. SIGNATURE [illegible] M.D.

Address Great Mills Md — M. D. or other

Date signed 6/5/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

CERTIFICATE OF DEATH

06739

Reg. Diat. No.....

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:

County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 hrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No. Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Mary Elizabeth Bowles

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
fem.	W.	single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 6-27-40

8. AGE: Years — | Months — | Days — | If less than one day 10 hrs. ..... min.

9. Birthplace Avenue Md

(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER 12. Name John Ralph Bowles

13. Birthplace in adelay

MOTHER 14. Maiden name Anna Mae Hall

15. Birthplace Clements Md

16. Informant John Ralph Bowles

Address Avenue Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-28-40 (month) (day) (year)

Cemetery or crematory Sacred Heart

Location Bushwood Md

18. Funeral director Ray and Bowles

Address Avenue Md

19. 6-28-40 (Date rec'd by registrar) R. V. Palmer Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-28-1940 at 10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-27-40 to 6-28-40

and that I last saw h— alive on 6-28-40

Immediate cause of death	DURATION
Convulsions	4 hrs
Due to Nephritis of mother	
Due to	
Other conditions Pneumonia with edema of lungs.	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer M. D. or other

Address Avenue Md Date signed 6-28-40

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JUL 8 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (21)

CERTIFICATE OF DEATH

06740

Reg. Dist. No. 282

1. PLACE OF DEATH:

County St. Mary's

City or town Leonardtown

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: St. Mary's Hosp.

Stay in hospital or Inst. (yrs., or mos., or days) 4 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County St. Mary's

City or town Ridge Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rural

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lloyd V. Bradburn

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	single

B (b) Name of husband or wife

B(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Aug 3 1928

8. AGE:

Years	Months	Days	If less than one day
12	10	3	hrs. min.

9. Birthplace Washington, D.C.

(Town, county, and State)

10. Usual occupation none

11. Industry or business none

FATHER 12. Name Minnick A. Bradburn

13. Birthplace Ridge, Md.

MOTHER 14. Maiden name Catherine Hamington

15. Birthplace Washington, D.C.

16. Informant Minnick A. Bradburn

Address Ridge, Md.

17. Burial Date thereof 6/14/40

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Mary's City

Location St. Mary's City

18. Funeral director C. B. Robinson

Address Leonardtown, Md.

19. 6/13 1940 Carmalee

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 13 1940, at 1220 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 9 1940, to June 13 1940, and that I last saw him alive on June 12 1940.

	DURATION
Immediate cause of death	
General peritonitis	6/8/40
Due to Ruptured appendix	June 8/40
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations Ruptured appendix, abdomen filled with fecal pus, no localization

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Marquis A. Welch M.D.

M. D. or other

Address Chaptico Md Date signed 6/13/40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06741

1. PLACE OF DEATH (3)

County St. Mary's Registration Dist. No. 28-1

Village or City St. James No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. — ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Baby-boy Carrol If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word)
M.	C.	

5e. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, end yeer) 6/24/40

7. AGE Yeers	Months	Days	If LESS than 1 day, hrs. or min.
Still-born	—	—	

OCCUPATION

8. Trade, profession, or particuler kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. —

9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased lest worked at this occupation (month and year) —

11. Total time (years) spent in this occupetion —

12. BIRTHPLACE (city or town) St. James (State or country) Md.

FATHER

13. NAME Gilbert Green

14. BIRTHPLACE (city or town) St. Mary's County (Stete or country) Md.

MOTHER

15. MAIDEN NAME Lucy Carrol

16. BIRTHPLACE (city or town) St. James (Stete or country) Md.

17. INFORMANT Douglas Carrol (Address) St. James Md.

18. BURIAL, CREMATION, OR REMOVAL Place St. James Cemetery Date June 25, 1940

19. UNDERTAKER Charles Somerville (Address) Park Hall Md

20. FILED June 24 1940 C. J. Bean M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 24 (Day) 1940 (Yeer)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h elive on , 19 ; deeth is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importence were es follows:

	Data of onset
Hillborn	

Dther Contributary Causes of Importance:

Neme of operation — Date of

What test confirmed diegnosis? — Was there an autopsy? —

23. If death wes due to externel causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Data of Injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify

(Signed) Robert T. Finch M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfu various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If ceased had retired from business, report the occupation prior to retirement. Children not gainfully employed returned as at school or at home. For a woman whose only occupation was that of home housework, write h in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wage however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engin chanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise st of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sell should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causin As related causes, name earlier morbid conditions, if any, related to the principal cause and any important com of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Ex

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Dat
Attack of epilepsy	*1*
Run over by street car	*1*
Peritonitis	*3*
Other contributory causes of importance:	
Gastroenteritis	*1*

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JUL 5 1940
BUREAU V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)

06742

CERTIFICATE OF DEATH

Reg. Dist. No. 281

1. PLACE OF DEATH:

County St Marys

City or town Rural near Great Mills
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Chancellor's Run Road

Stay in hospital or inst. (yrs., or mos., or days) ——

Stay in this community (yrs., or mos., or days) 65 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural near Great Mills Corp. No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Chancellor's Run Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ——

3. (a) FULL NAME Charles J Goodwin

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	married

B (b) Name of husband or wife Matilda Goodwin

6(c) If alive, give age 58 years

7. Birth date of deceased (mo., day, yr.) Feb 22, 1855

8. AGE:

Years	Months	Days	If less than one day
85	3	23	——hrs. ——min.

9. Birthplace Calvert County Md
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name John Goodwin
13. Birthplace Maryland

MOTHER
14. Maiden name Patricia Cecil
15. Birthplace Maryland

16. Informant Bernard Goodwin
Address Great Mills, Md

17. Burial Date thereof June 17, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery ~~or crematory~~ St Nicholas

Location Pearson, Md

18. Funeral director Robinson Funeral Home

Address Leonardtown, Md

19. June 15 1940 B J Bean MD
(Date rec'd by registrar) Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 15 1940, at 1.30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1938, to June 15 1940, and that I last saw h[illegible] alive on June 15 1940

Immediate cause of death	DURATION
Valvular Heart Disease	1955
Due to	
Due to	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations

Dt autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide —— Date of ——

Where did injury occur? —— (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ——

Means of injury —— Injured at work?

23. SIGNATURE B J Bean MD
M. D. or other

Address Great Mills Md Date signed 6/15/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94-a)

06743

CERTIFICATE OF DEATH

Reg. Dist. No. 262

1. PLACE OF DEATH:
County St. Marys
City or town Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Life time

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St. Marys
City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME I. Stanley Johnson.

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	married

6 (b) Name of husband or wife Ida Johnson
6(c) If alive, give age 53 years

7. Birth date of deceased (mo., day, yr.) Feb. 13. 1876

8. AGE: Years	Months	Days	If less than one day
64	3	22	hrs. min.

9. Birthplace Morganza Md
(Town, county, and state)
10. Usual occupation Merchant
11. Industry or business "
FATHER 12. Name Hilley Johnson
13. Birthplace Maryland
MOTHER 14. Maiden name Maria Thompson
15. Birthplace Maryland.
16. Informant Mrs Ida Johnson.
Address Leonardtown Md
17. Leonardtown Md Date thereof June 18-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Methodist Cemetery Leonardtown
Location Leonardtown
18. Funeral director Jas. C. Mattingly
Address Leonardtown Md
19. 6/7 1940 Caruseus
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 5 1940, at 6 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 9. 1940, to June 5 1940, and that I last saw him alive on June 5 1940.

Immediate cause of death Coronary thrombosis — DURATION Jan 9. 1940

Due to Arterial hypertension & sclerosis of coronary vessels.

Due to

Other conditions Pulmonary thrombosis Pneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Aloysius C. Welch M. D
M. D. or other
Address Chapter Md Date signed 6/7/40

VS.A15 MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

55-6

06744

CERTIFICATE OF DEATH

Reg. Dist. No. 286

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

1. PLACE OF DEATH:

County: St. Mary's

City or town: Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: St. Mary's

City or town: Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Oakley

(If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME Richard Jones

3.(b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	colored	married

6.(b) Name of husband or wife: Eliza Jones

6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): 12-26-1863

8. AGE: Years	Months	Days	If less than one day
76	5	6	hrs. min.

9. Birthplace: Milestown St. Mary's Md.

(Town, county, and state)

10. Usual occupation: Oysterman

11. Industry or business

FATHER

12. Name: Unknown

13. Birthplace: Unknown

MOTHER

14. Maiden name: Elizabeth Jones

15. Birthplace: Milestown

16. Informant: Edgar Jones

Address: Milestown

17. Burial (Burial, cremation, or removal. Which?) Date thereof 6-4-40 (month) (day) (year)

Cemetery or crematory: All Saints

Location: Oakley Md.

18. Funeral director: Rose J. Walden

Address: Chaptico Md.

19. 6-4-1940 R. V. Palmer

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: June 2 1940 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 5-23-1939 to 6-2-1940 and that I last saw him alive on 5-20-1940

Immediate cause of death	DURATION
Coronary Thrombosis	2 yrs.
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.:

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Robert V. Palmer M. D. or other

Address: Leonard Town Date signed 6-3-40

RECEIVED
JUL 8 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06745

1. PLACE OF DEATH (95-C)

County St. Mary's Registration Dist. No. 281

Village or City St. Inigoes No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 14 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Robert Kemp If U. S. Veteran, specify WAR

(a) Residence: No. St. Inigoes, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: C.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Eliza Kemp

6. DATE OF BIRTH (month, day, and year)

7. AGE: Years 64 | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Farm

10. Date deceased last worked at this occupation (month and year): 6/26/40

11. Total time (years) spent in this occupation: 14 yrs

12. BIRTHPLACE (city or town) (State or country): Eastern Shore Md.

FATHER

13. NAME: not learned

14. BIRTHPLACE (city or town) (State or country): not learned not learned

MOTHER

15. MAIDEN NAME: not learned

16. BIRTHPLACE (city or town) (State or country): not learned not learned

17. INFORMANT (Address): James Clinton (Step-son) Dameron, Md.

18. BURIAL, CREMATION, OR REMOVAL

Place: St Peters Clavers Date: June 27, 1940

19. UNDERTAKER (Address): Ernest Robinson Dameron Md

20. FILED: June 27, 1940 P. G. Bean M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 26 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1940, to June 26, 1940

I last saw him alive on June 12, 1940; death is said to have occurred on the date stated above, at 8:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Acute Heart failure	6/26/40
Auricular Fibrillation	Several weeks ago.

Other Contributory Causes of importance:

Name of operation: None Date of

What test confirmed diagnosis? Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Robert T. Fuchs M. D.

(Address) Park Hall, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 5 1927
U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(93d)

06746

Reg. Dist. No. 252

1. PLACE OF DEATH:
County St Marys
City or town near Rural Leonardtown
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md County St Marys
City or town Leonardtown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. Rural
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME George William Magrogan

3. (b) Social Security Number

4. Sex male
5. Color or race white
6. (a) Single, married, widowed, or divorced Married
6 (b) Name of husband or wife Mary McCaffery
6 (c) If alive, give age 60 years
7. Birth date of deceased (mo., day, yr.) July 20 1878
8. AGE: Years 61 Months 10 Days 18 If less than one day ___ hrs. ___ min.
9. Birthplace Dunmanns Co Ind
(Town, county, and state)
10. Usual occupation Farmer & Dairyman
11. Industry or business Managing same
FATHER 12. Name James Magrogan
13. Birthplace Ireland
MOTHER 14. Maiden name Lidia Irving
15. Birthplace Ireland
16. Informant Mary Magrogan
Address Leonardtown Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof June 10 1940 (month) (day) (year)
Cemetery or crematory Fort Lincoln
Location Prince George Co Md
18. Funeral director Jos C Mattingley
Address Leonardtown Md
19. 6/7 1940 Camalier
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7 1940, at 8 a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 6th 1940, to June 7 1940
and that I last saw h[illegible] alive on May 22 1940
Immediate cause of death Acute Fibrillation of Heart — DURATION
Due to Myocarditis Chronic — 6 mo
Due to
Other conditions Had Pneumonia — Mar 26 40
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE F F Greenwell M. D. or other
Address Leonardtown Date signed June 7th 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

06747

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

1. PLACE OF DEATH (108)

County St. Mary's Registration Dist. No. 282

Village or City Leonardtown No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Thomas D. Gilkerson If U. S. Veteran, specify WAR

(a) Residence: No. California Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
male	white	Single

5a. If married, widowad, or divorced
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) May 23/40

7. AGE Yaars	Months	Days	If LESS than 1 day, hrs. or min.
		27	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. none

9. Industry or businass in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Data daceased last worked at this occupation (month and year)

11. Total tima (yaars) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Maryland

FATHER

13. NAME George E. Gilkerson

14. BIRTHPLACE (city or town) (State or country) California Md

MOTHER

15. MAIDEN NAME Jennie Clarke

16. BIRTHPLACE (city or town) (State or country) California Md

17. INFORMANT George E. Gilkerson
(Address) California Md

18. BURIAL, CREMATION, OR REMOVAL
Place St. Johns Cem. Data 6/19, 1940

19. UNDERTAKER G. B. Robinson
(Address) Leonardtown Md.

20. FILED 6/19, 1940 Chancellor
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June (Month) 19 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attandad decaasad from June 17, 1940, to June 19, 1940

I last saw h-- alive on June 18, 1940, death is said to hava occurred on the data stated above, at 5 a. m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance were as follows:

	Date of onset
Lobar Pneumonia	6/16/40

Dthar Contributory Causes of importance:

Nama of oparation Data of

What test confirmad diagnosis? Was thare an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accidant, suicida, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disaase or injury in any way relatad to occupation of decaasad? No

If so, specify

(Signad) Francis A. Chancellor M. D.

(Address) Leonardtown Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
JUL 3 1928
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

06748

CERTIFICATE OF DEATH

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town St Georges Island

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 40 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town Rural; St Georges Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Charles Vincent Rice

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife Mary A Rice

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 2, 1863

8. AGE:

Years	Months	Days	If less than one day
76	6	20	hrs. min.

9. Birthplace Northumberland Co. Va (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business Sea food

FATHER 12. Name Vincent Rice

FATHER 13. Birthplace Virginia

MOTHER 14. Maiden name Unknown

MOTHER 15. Birthplace

16. Informant Ephriam Rice

Address St Georges Island, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 28, 1940 (month) (day) (year)

Cemetery or crematory St Georges Island M E Cemetery

Location St Georges Island, Md

18. Funeral director Joseph C Mattingley

Address Leonardtown Md

19. June 27 1940 (Date rec'd by registrar) O J Beam MD Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 26 1940, at 2:15 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1935, to June 26 1940, and that I last saw him alive on June 24 1940.

	DURATION
Immediate cause of death	
Coronary sclerosis	6 years
Due to	
General arteriosclerosis	15 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE O J Beam MD M. D. or other

Address Great Mills, Md Date signed 6/29/40

RECEIVED
JUL 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (14)

06749

CERTIFICATE OF DEATH

Reg. Dist. No. 286

1. PLACE OF DEATH:

County St. Mary's

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 mos.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County St. Mary's

City or town Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Palmers
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Harrison Edwin Short

3. (b) Social Security Number 579-14-8393

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
m	col	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.) 1 8 1920

8. AGE:

Years	Months	Days	If less than one day
20	5	16	... hrs. ... min.

9. Birthplace Oakley St. Mary's Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name William Henry Short
13. Birthplace Brentland Chas Co Md

MOTHER
14. Maiden name Mary Henwood
15. Birthplace Henry Md

16. Informant William Short
Address Avenue Md

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 6-25-40
(month) (day) (year)

Cemetery or crematory Sacred Heart

Location Rushwood Md

18. Funeral director Eugene Hall
Address Hyland Md

19. 6-24 1940 R. V. Palmer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 6-24 1940 at 5a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 6-18 1940 to 6-24 1940 and that I last saw him alive on 6-20 1940

Immediate cause of death Cerebrospinal

Due to Tuberculous meningitis

Due to

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Robert V. Palmer
M. D. or other

Address Avenue Md Date signed 6-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (149-2)

CERTIFICATE OF DEATH

06750

Reg. Dist. No. 282

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town Hollywood (If outside city or town limits, write RURAL NEAR and give town) Leonardtown

Street address, hospital, or institution

Stay in hospital or inst. (yrs., or mos., or days) 20 days

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Md County St. Mary's

City or town Hollywood (If outside city or town limits, write RURAL NEAR and give town) Ward No.

Street No. Rural (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Elizabeth Dair Spalding

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
female	white	Married

6.(b) Name of husband ~~or wife~~ Francis Xavier Spalding

6.(c) If alive, give age 38 years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 32 | Months — | Days — | If less than one day ____ hrs. ____ min.

9. Birthplace St Marys Co Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business At home

FATHER 12. Name Maurice C Thompson

13. Birthplace Hollywood Md

MOTHER 14. Maiden name Anna Dorsey Dembrosch

15. Birthplace Baltimore Md

16. Informant Francis X Spalding

Address Hollywood Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 9 1940 (month) (day) (year)

Cemetery or crematory St Johns

Location near Hollywood Md

18. Funeral director Jos C Mattingly

Address Leonardtown Md

19. 6/8 1940 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 7th 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 19 1940 to June 7 1940 and that I last saw her alive on June 7th 1940.

	DURATION
Immediate cause of death Uremia Eclampsia	17 days
Due to anaesthetic vomiting during delivery	
Due to	
Other conditions Hemorrhage difficult labor	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE F J Brennell M. D. or other

Address Leonardtown Date signed 6/8/40

RECEIVED
JUL 3 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (940)

CERTIFICATE OF DEATH

06751

Reg. Dist. No. 281

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County St Marys

City or town St Georges Island

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 60 Years

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County St Marys

City or town St Georges Island Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Richard Bernard Thompson

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife Lillian Thompson

6(c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) October 1 1859

8. AGE: Years	Months	Days	If less than one day
80	7	?	hrs. min.

9. Birthplace St Georges Island, Md (Town, county, and state)

10. Usual occupation Waterman

11. Industry or business sea food

FATHER 12. Name

13. Birthplace Unknown

MOTHER 14. Maiden name Unknown

15. Birthplace

16. Informant Richard Thompson

Address St Georges Island, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof June 3 1940 (month) (day) (year)

Cemetery or crematory St Georges Island Cemetery

Location St Georges Island, Md

18. Funeral director Jos C Mattingly

Address Leonardtown, Md

19. June 1 1940 (Date rec'd by registrar) B J Bean Md Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH June 1 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1 1935 to June 1 1940, and that I last saw him alive on May 31 1940.

Immediate cause of death	DURATION
Coronary sclerosis	5 years
Aortic insufficiency	10 years
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE B J Bean Md

M. D. or other

Address Great Mills, Md Date signed 6/1/40

RECEIVED
JUL 5 1940
BUREAU V. S.